. S. No. 2
DM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED APR 6 1948

State File No. 13485

Registration District No. 736246 Primary Registration District No. 2001-5835 Registrar's No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Joplin Rt #2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 18 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Rt #2 Joplin, Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No- (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bertie B. Smith
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 27 (Day) 1872 (Year)

8. AGE: Years 75 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business Housewife
FATHER
12. Name John D. Bixby
13. Birthplace Ill
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Gamble
15. Birthplace Ill
(City, town, or county) (State or foreign country)
16. (a) Informant John Henry
(b) Address Rt #2 Joplin, Mo.
17. (a) Removal (b) Date thereof 3/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Red Oak, Iowa
18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin Mo.
19. (a) 3-7-48 (b) Oscar Lamphins DR.
(Date received local registrar) (Registrar's signature) 7711

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1948 hour 4 minute 35 P.M.
21. I hereby certify that I attended the deceased from March 6, 1948 to March 6, 1948
that I last saw h. 20 alive on March 6, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature Dr. H. B. Kerr (Dr. or other) DO
Address Joplin, Mo. Date signed 3/7/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-3-246

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Cecil A. Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.